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Stevens, Martin, Aspinall, Fiona Jane orcid.org/0000-0003-3170-7570, Woolham, J et al. (5 more authors) (2014) Risk, safeguarding and personal budgets : exploring relationships and identifying good practice. NIHR School for Social Care Research, London.

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Risk, Safeguarding and Personal Budgets: exploring relationships and identifying good practice

KEY POINTS FROM THE RESEARCH

- This study of national safeguarding and personal budgets (PBs) data found no strong evidence to suggest higher levels of safeguarding referrals among people with Managed Personal Budgets (MPBs) or using Direct Payments (DPs) compared with all social care users.
- In the three councils studied in depth, there were similar proportions of safeguarding referrals for people with PBs and those using council commissioned services. However, there was a statistically significant higher proportion of referrals for financial abuse and abuse by home care workers among people using PBs.
- Discrepancies between national data, summarised to the council level and individual level local data, suggest the need for better national data – enabling more confidence that national summaries reflect the sum of individual cases.
- Helping people to balance risk and choice when they use DPs or MPBs is now one of the most important practice activities for social workers.
- Monitoring (particularly financial) and review are important ways of identifying potential risks of abuse.
- Processes for investigating safeguarding referrals are similar for PB users and other adults at risk.

DEFINITIONS

A 'Personal Budget' (PB) is the amount of council funding, allocated to an individual. This is worked out after an initial assessment of social care need, but before any planning. Personal Budgets can either be managed by the council (known as a Managed Personal Budget (MPB)) or can be paid directly to adults or carers as a Direct Payment (DP). For eligible people without a Personal Budget, care services are commissioned directly by councils, generally with independent care agencies. People using Managed Personal Budgets may also choose to have their services arranged this way.

- DP and MPB users reported a lack of information about managing risk and funding options, plus insufficient support for being an employer. Many said they did not know that the council had investigated a concern about their possible abuse. These experiences contrasted with professionals' views that they provided information and support while they were investigating these concerns.

BACKGROUND

There are fears that people using PBs, particularly DPs, to arrange their care and support may be at greater risk of abuse and neglect than people using conventionally commissioned care services, particularly if they hire unregulated care workers, or rely on relatives or others to manage their

The study represents independent research funded by the National Institute for Health Research (NIHR) School for Social Care Research (SSCR). The views expressed are those of the authors and not necessarily those of the NIHR, SSCR, Department of Health, or NHS.

NHS
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money. However, there are predictions that PBs may enhance safety through increasing people's control over their own care. This study aimed to establish whether people using DPs or MPBs are:

- more likely to be referred to the council with a safeguarding concern compared with people using conventional services
- at higher risk of certain types of abuse.

The study also explored the perspectives of managers, social workers, people using council funded social care and family carers, about the impact of personalisation on safeguarding (keeping people safe from abuse and neglect) and to understand any related practice changes.

FINDINGS

Do Direct Payments and Managed Personal Budgets increase abuse risks?

The study found no strong evidence to suggest that people using MPBs or DPs were more likely to have been referred to the council because of concerns about abuse (a safeguarding referral) compared with those using directly commissioned services. There were also no strong differences in types and patterns of abuse reported to councils with different proportions of people using MPBs or DPs. However, these findings were based on analyses of national data, which are summarised at a council level. This restricted the project team's exploration of potential relationships between individuals' budget holding experiences and safeguarding referrals.

Individual level safeguarding data from three local councils revealed a significantly higher proportion of referrals relating to financial abuse among PB users compared with those using directly commissioned services. Individual level analysis also points to the greater likelihood of referrals relating to PB users where the alleged abuser was a home care worker.

The study also found that people with physical disabilities were more likely to be referred for allegations of financial abuse than other groups. However, it is important to note that the findings from local data are based on

individual referral records from only three voluntarily participating councils and a nationally representative sample is needed to establish the generalisability of these relationships.

Practice changes and user experiences

Practitioner views of DPs, PBs and risk

Analysis of interview data revealed similar fears to those reported in the literature relating to the potential for increased risk of abuse or harm. Numerous risk factors were suggested, including poverty and austerity. Poverty was believed to increase risk of abuse because of the increased pressures faced by PB and DP users, their families and their Personal Assistants (PAs) or other low paid care workers. However, a small number of professionals argued that DPs could reduce risk of harm because of the increased control they provide users.

Types of preventive practice identified fell into two groups: first, exploring the protective value of increased choice, and second, developing risk assessment and risk management techniques to detect abuse or make it more difficult to occur.

Changing relationships between care users, families and professionals

Balancing risk of harm and choice was a major theme emerging from interviews with professionals when assessing and supporting people using DPs and to a lesser extent MPBs. Alongside a strong focus on promoting autonomy, professionals considered that they have a 'duty of care' to all social care users.

Choice, control and independence

The project team interviewed 13 DP and MPB users about whether they were given a choice about funding arrangements for their support; only three said they had been. This may be due to the particular sample and possible recall problems. However, it might also be explained by their social workers' perceptions about the suitability of DPs and MPBs for people judged to be at particular risk of harm. This reflected approaches described by some social workers and managers. In relation to choice over care arrangements, the

experiences of DP and PB users were more mixed. However, when safeguarding problems arose with agency provided care and/or individual staff, social workers were likely to involve the care user in decisions about their support.

Awareness and information among users and carers

Most users had some understanding about how their social care was funded. Three people were not clear. DP and MPB users generally described information about risks, options for funding, and the tasks and responsibilities involved in being an employer as limited. For example, no DP users recalled being told about the possibility of pre-employment checks. However, many professionals stressed they encouraged people to do such checks on their employees.

Two of the three councils claimed to involve adults at risk at all stages of their investigations. Most participants were aware that safeguarding concerns had been reported to the council and that some changes had occurred as a result, possibly of the investigation, but they were not clear about this. This lack of clarity may be partially explained by users' memory problems, but it may also be because some people did not recognise their experiences as being about maintaining their safety.

Assessing and managing risk

No differences were reported in the approach to risk assessment for people using DPs (compared to those who were not), or in the types of 'tools' used to assess risk. Support planning was the main way that safeguarding risks were identified and plans were drawn up to minimise risks of harm. Sometimes professionals used these explicitly to show the risks presented by an individual's choices. Many professionals agreed that the risk of abuse was best met by monitoring (especially financial) and reviews.

Many different interventions were discussed by social workers and managers as potential responses to concerns about risk of harm in relation to the use of DPs. These included taking control over someone's DP when there were serious concerns; agreeing only part of

the PB could be taken as a DP; giving prepaid cards instead of money; increased monitoring; holding a register of Personal Assistants; and requiring people to say whom they were employing in this role. At a strategic level, senior managers described plans for developing better review and monitoring processes and improving work with children's services, community safety teams, the NHS, and other council departments.

Safeguarding issues and process

Safeguarding referrals were investigated in similar ways for DP and MPB users as for other adults at risk. However, the content and focus of the inquiry could differ. Most problems reported by these users related to their Personal Assistants and other support staff, often associated with quality of care and attitudes. The latter finding is consistent with the project team's analysis of individual referral records. When the care worker was employed by a care agency, participants described being able to change worker or changing agency. However, difficulties with directly employed care workers (Personal Assistants) were more problematic, mainly because of individuals' concerns about being an employer. Service users described how emotionally draining they found reporting a care worker to their agency or having to start dismissal procedures for a Personal Assistant.

DP and MPB users said they would initially speak to a trusted friend, relative or a Personal Assistant to establish the severity of the 'safeguarding' issue and to consider if, and how, it should be addressed. However, if the problem related to an agency care worker, participants tended to contact the agency initially, only contacting the council if the problem remained.

Link between personalisation and safeguarding

A small number of professionals described a divide between safeguarding and care management, particularly where there was a local specialist safeguarding team that managed referrals. Support plans often included sections on keeping safe and social workers consulted specialist safeguarding social workers and managers about particular elements. However, a small number of

managers felt that some social workers did not pay enough attention to prevention of abuse in support planning. Conversely, a small number mentioned that they had adopted a more personalised approach to safeguarding, in which individualised plans were devised to minimise the risk of further harm.

IMPLICATIONS FOR PRACTICE

Using national data, summarised by each council, the study found no strong evidence that people using DPs or MPBs were more likely to have been the subject of a safeguarding referral compared with those receiving council-commissioned services. Thus some of the fears expressed by practitioners and managers may have been overstated. However, it is possible that the analysis of national data, which is based on overall totals for each council, may have missed some important impact of PBs on safeguarding referrals. These might only emerge following analysis of data based on individual records. Alternatively, practitioners may have pre-empted risk by restricting opportunities for DPs. The increased likelihood of financial abuse amongst some people using PBs is reflected in practitioners' views of the potential risks of DPs. This may explain the emphasis they placed on financial monitoring to help identify potential abuse.

Discrepancies between findings based on summary and individual council level analysis highlight the need for individual level data to be included in national datasets. This is needed to be able to draw more reliable conclusions about relationships between personalisation (here defined as receiving a MPB or DP) and safeguarding referrals.

Failing this, more research is needed based on a nationally representative sample of individual referral records. This would help see whether the different patterns of abuse amongst those using PBs included in the study sample are valid nationally.

This study provides evidence of a reworking of traditional relationships between social workers and people using services, although the numbers interviewed were small. The professionals involved appeared to be

ABOUT THE STUDY

The study, carried out between May 2012 and April 2014, involved analysis of national safeguarding data (AVA data) and Social Services Activity data, which summarise data by local councils rather than individually. It aimed to investigate any relationships between Direct Payments and Personal Budget uptake and the numbers and patterns of safeguarding referrals.

Matching data at an individual level from three case studies councils were also analysed to explore any relationships in more depth.

Within the three councils, interviews were undertaken with: social workers (n=5), team managers (n= 6), senior managers (n=5, including two councillors) and 12 Direct Payment and Personal Budget holders and one proxy budget holder. Interviews aimed to explore links between safeguarding and personalisation at a practice and user experience level.

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wrestling with a new emphasis on autonomy of care users, while retaining a strong sense of duty of care. This may be a variant of the familiar balance between 'care and control', but still suggests the need for focused training, effective supervision and support when things go wrong.

While professionals reported giving information about funding options, reporting problems and offered support with employing Personal Assistants, the general low awareness among people with PBs and their families and their feelings of lack of support about employment relations, suggest that more emphasis on these elements would be useful.

The study supports the continued need for well-trained professional involvement in safeguarding, given the complexity of some of the judgements that need to be made, especially in interpreting the relative importance of family dynamics and other relationships as pointers to potential abuse.